

DEPARTMENT OF HEALTH SERVICES

4/744 P STREET
SACRAMENTO, CA 95814



July 1, 1984

CMSP Letter # 84 - 2

CMSP County Welfare Directors
CMSP Contact Persons
CMSP Eligibility Liaisons
CMSP County Health Officers

COUNTY MEDICAL SERVICES PROGRAM MEDICAL CARE HEARING PROCESS

The County Medical Services Program (CMSP) contract between the State Department of Health Services (DHS) and participating counties divides responsibility for handling CMSP beneficiary complaints (including fair hearings) between the DHS and the individual counties. Each county is responsible for providing due process for CMSP applicants and beneficiaries who are appealing county CMSP eligibility decisions, pursuant to Article V, Paragraph A of the CMSP Contract. The DHS is responsible for providing due process for CMSP applicants and beneficiaries who are appealing medical services related issues, pursuant to Article V, Paragraph B of the CMSP Contract.

Our Department has recently contracted with the Department of Social Services (DSS) for State hearing officers in the DSS' Office of the Chief Referee (OCR) to conduct CMSP medical care hearings. This letter outlines the CMSP medical care hearing process, including procedures for requesting a State hearing, review criteria which DHS staff in the Office of County Health Services' CMSP Unit use to investigate CMSP medical care appeals; and ways in which the CMSP medical care hearing process differs from State hearings for the Medi-Cal program.

Procedures for Requesting a CMSP Medical Care Hearing

To request a State hearing regarding a CMSP medical care problem, the complainant ~~either~~ must have been eligible for CMSP services or must have had a CMSP application pending during the time in which the problem related to medical care occurred. In addition, the problem must involve either the CMSP scope of medical care or provision of services through the CMSP. Eligibility appeals are processed by the individual county, as noted above.

CMSP medical care problems include, but are not limited to, the following types of issues:

1. Services which are not covered under the CMSP scope of benefits.
2. Denial of Treatment of Authorization Requests (TARS) for CMSP covered services.

3. Provider refusal to treat a patient with CMSP coverage, if the county has been unable to refer the beneficiary to another provider who will accept CMSP coverage.
4. Provider acceptance of a beneficiary's CMSP card as proof of eligibility and subsequent billing of the patient for payment, rather than billing CMSP.

Enclosure A of this letter is a camera-ready copy of the CMSP Medical Care Hearing Request (Form CMSP 11.75). ^{1/} To permit State staff to screen these complaints and provide quick resolution, if possible, this form requires complainants to provide specific information regarding their problems obtaining CMSP medical care. A copy of this form must be enclosed with each notice of action informing CMSP applicants that they have been determined eligible to receive CMSP services. Please note that this form is required to be sent only at the time of initial eligibility determination and with the annual redetermination package. To comply with legal requirements, the exact wording on this form must be used. Please contact the CMSP Unit in the DHS Office of County Health Services at (916) 323-0503 to request written authorization to modify this form if necessary for use with an automated beneficiary notice of action. (The CMSP Notice of Action should always be used to inform CMSP applicants and/or beneficiaries of any action involving their CMSP eligibility; the Medi-Cal Notice of Action form must not be used for this purpose.)

The CMSP Medical Care Hearing Request form provides instructions to beneficiaries to assist them in requesting State Medical Care Hearings, either by telephoning the DSS Public Information and Response Unit at the toll-free number (1-800-952-5253) or by completing a request form and mailing it to DSS at the address shown on the form. It is preferable to have the complainant complete and mail the attached form to DSS whenever possible.

Medical Care Hearing Review Criteria

DSS files all requests for CMSP medical care hearings. Within five working days of receipt of the request, DSS refers the written request or the written record of the telephone request to the CMSP Unit in the DHS' Office of County Health Services for review and possible resolution.

CMSP staff review each hearing request against the following criteria:

1. Was the complainant eligible to receive CMSP services, or was a CMSP application on file with the county welfare department at the time the medical care problem occurred?
2. Is the complaint about a CMSP medical care issue?
3. Can CMSP staff resolve the complaint prior to the hearing?

^{1/} Bulk copies of this form will soon be available for your use through the DHS stores warehouse. Please use the enclosed camera-ready copy, to reproduce a small supply of these forms for your use until the forms from the DHS Stores Warehouse are obtained.

As previously noted, each individual county is responsible for handling complaints about eligibility decisions. Thus, hearing requests will be referred back to the welfare department in the complainant county of residence if the complainant was not eligible for CMSP services or did not have an application on file at the time of the medical care issue is being appealed, or if the complaint is about eligibility. If appropriate, the county will respond to the complaint or problem described on the referred request form using its own complaint/appeal procedures.

CMSP staff will also send a letter to the complainant, with a copy to the county welfare department, notifying him/her of the action taken. CMSP staff will then notify the OCR to cancel the hearing request, as such appeals are not within the jurisdiction of the State CMSP hearing process.

Examples of medical care problems which CMSP staff have been able to resolve include the following:

1. Complaints about pharmacists refusing to fill prescriptions for CMSP beneficiaries because the prescribed medication could not be obtained without an approved TAR. In these cases, CMSP staff refer the complainants to his/her physician, who may either request approval for the prescribed medication or to prescribe an alternate medication which does not require authorization.
2. Complaints about DHS Field Office denial of TARS for procedures or prescriptions which can be authorized under the CMSP program. In these cases, CMSP staff discuss the situation with DHS' Field Office staff so that the complainant's problem can be resolved.
3. Complaints about provider refusal to treat a CMSP beneficiary. In these cases, CMSP staff contact the individual provider and/or the county health officer to intervene on behalf of the complainant.

In attempting to resolve appeals, CMSP staff contact the complainant by telephone, when possible, to discuss the problem. If the problem can be resolved to the complainant's satisfaction without a formal hearing, the CMSP staff person offers the complainant the opportunity to withdraw the medical care hearing request. If the complainant agrees to withdraw the request, the CMSP staff notify the OCR to cancel the hearing and send the complainant a hearing withdrawal form to complete, sign, and return to the OCR.

If the complainant cannot be reached by telephone, a letter is sent notifying him/her of the proposed solution and enclosing a hearing withdrawal form. When the signed withdrawal form is returned, OCR cancels the medical care hearing request.

There may also be occasions when a complainant calls the county welfare department to cancel a CMSP medical care hearing request. If this happens, the complainant's eligibility worker must contact the DHS CMSP Unit at (916) 323-0503 as quickly as possible, as a State hearing cannot be cancelled until the OCR has received the complainant's signed hearing withdrawal form.

If CMSP staff cannot resolve the complaint within the allotted time, they notify the OCR to proceed with the medical care hearing. DHS staff prepare position statements for hearings. After the hearing, the OCR sends its proposed hearing decision to the DHS for review and recommendation before a final decision is implemented.

Ways in Which the CMSP Medical Care Hearing Process is Different from Medi-Cal
Scope of Benefit Hearings

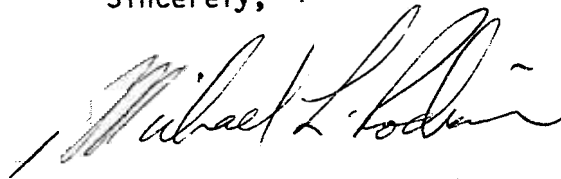
Please note that CMSP medical service hearings differ significantly from Medi-Cal scope of benefits hearings in that medical necessity guidelines apply to CMSP only in the case of program covered benefits. Thus, a service cannot be ordered as part of a hearing decision, even though it may be medically necessary, if it is not already included as part of the existing CMSP scope of benefits.

Enclosure B is a flow chart which displays the CMSP medical procedures outlined above.

If you have any questions about this letter or about the CMSP benefit hearing process, please call the CMSP Unit at (916) 323-0503.

Thank you for your cooperation and assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Rodrian", with a stylized flourish at the end.

Michael Rodrian, Chief
County Medical Services Section
Office of County Health Services
and Local Public Health Assistance

Enclosures

COUNTY MEDICAL SERVICES PROGRAM (CMSP) MEDICAL CARE HEARING REQUEST

If you are dissatisfied with any decisions regarding medical care under the County Medical Services Program (CMSP), you have the right to request a Hearing by the State Department of Social Services. (If you are dissatisfied with any decisions regarding eligibility for the CMSP, please contact your county welfare department.)

Your request for a Hearing may be written or oral. Your request for a Hearing must be made within 90 days of the date on which the problem occurred. The State Department of Health Services will review your Hearing request and may contact you.

To file a written request for a Hearing about medical care, follow these steps:

- 1 Complete both sides of this form and provide your signature on Page 2
2. Send the completed and signed form to:

Office of Chief Referee
Department of Social Services
744 P Street, Mail Station 6-100
Sacramento, CA 95814

To file an oral request for a Hearing about medical care, call the Public Inquiry and Response Unit at 1-800-952-5253. (Toll free number)

You may have witnesses at the Hearing.

You will receive a written copy of the State Department of Health Services' position two days before the Hearing.

You will receive a written copy of the decision.

-- You have the right to be represented at the Hearing by another person of your choice (an attorney, a friend, relative, or other spokesperson). You may be able to receive legal advice by calling the nearest Legal Services Office.

I, _____, daytime phone () _____,

address _____, hereby request a Hearing of actions taken by the State Department of Health Services regarding benefits and services under the County Medical Services Program (CMSP).

A. What is your complaint about medical care under CMSP? (Attach additional sheets if necessary.)

1. On what date(s) did this happen? _____

2. What is the name, address, and telephone number of the health care provider (doctor, pharmacy, hospital) involved? _____

B. Your county welfare department worker's name and telephone number:

C. Your beneficiary ID number (fourth line, upper left-hand corner of your CMSP card): ____/____/____/____/____/____/____/____

Date valid: _____

The information I have given here is complete and accurate to the best of my knowledge. The State Departments of Social Services and Health Services have my permission to obtain information about my case from the County Welfare Department and/or the health care provider.

Signature

Date

The information you have been asked to give is needed to process your Hearing request.

County Medical Services Program Medical Services Hearing Process

